

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 SEP -9 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 359463

1. Corporation Name

R.E. INDUSTRIES INC.

2. Principal Office Address

250 CATALONIA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#307

Suite, Apt. #, etc.

"

City & State

CORAL GABLES FLA.

City & State

"

Zip

33134

Country

U.S.

Zip

"

Country

"

4. Date Incorporated or Qualified
To Do Business in Florida

2/10/70

5. FEI Number

59-1363786

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-04

MRB

7. Name and Address of Current Registered Agent

Name

ERUESTO GONZALES CPA

500041129885

Street Address (P.O. Box Number is Not Acceptable)

2655 LE JEUNE RD SUITE 2655

09/17/04--01079--011 **1658.15

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mrs	Ricardo Elortegui	210 CYPRESS DRIVE	Key Biscayne FL 33149

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/04(305) 447-7743

Date

Daytime Phone #

CR2E081 (9/00)